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News At Nine

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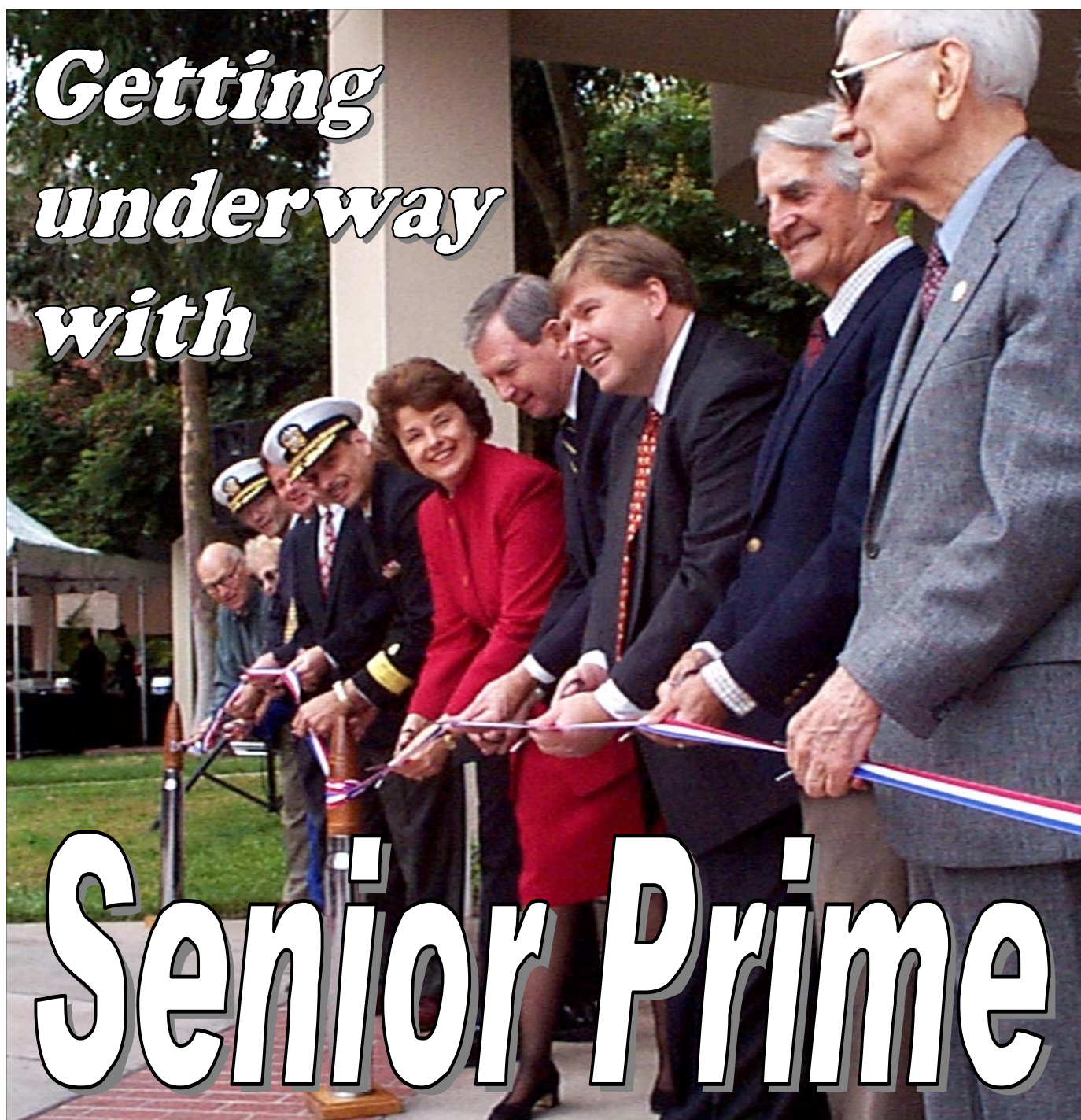


TRICARE

Your Military Health Plan



*Getting
underway
with*



Office of the Lead Agent, TRICARE Southern California, Region Nine

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News At Nine is an official, quarterly publication of the Office of the Lead Agent, TRICARE Region Nine. Its purpose is to inform Region Nine medical treatment facility and support contractor staff about policies and items of interest regarding the TRICARE program. For submission guidelines, contact the public affairs officer at (619) 532-5439 or DSN 522-5439.

On the cover: "Getting underway" with TRICARE Senior Prime – retired Lt. Cmdr. and Mrs. Warren Jones, the first enrollees; Capt. Jim Lees, director, Naval Medical Center San Diego Internal Medicine Clinic; Rear Adm. Alberto Diaz, lead agent TRICARE Southern California, Region Nine and commander, Naval Medical Center San Diego, Senator Dianne Feinstein, D-Calif.; Rep. Bob Filner, D-Calif.; Dr. H. James T. Sears, executive director, TRICARE Management Activity; Mr. Jim Woys, chief operating officer, Foundation Health Federal Services, Inc.; retired Navy Capt. John Howard and Army Reserve Col. Walt Mikulich, "fathers" of Medicare subvention.

From the Lead Agent

Rear Adm. Alberto Diaz, Jr., MC, USN

Region Nine has been a busy place over the last few months. As you can tell by the content of this issue, our TRICARE Senior Prime program is a big part of that excitement.

TRICARE Senior Prime is a Medicare subvention demonstration designed to prove to the Health Care Financing Administration that TRICARE can provide our age 65 and over retirees accessible, *quality* health care at an affordable cost to them and the American taxpayers.

I am personally very excited about the program for several reasons. First, Senior Prime helps keep the promise of “healthcare for life” to our retirees. Second, it helps military readiness by providing a broad population base of patients to help keep our staff fully trained and credentialed. Indeed, many procedures we need to perform routinely to be proficient in wartime medicine are the same procedures commonly performed on patients age 65 and over. Third, I know that TRICARE can deliver care more efficiently than the private sector.

Most importantly, however, implementing TRICARE Senior Prime is simply the right thing to do. I can’t keep count of the number of retirees who’ve thanked me for the care they’ve received from our system. They are very enthusiastic about the care we provide, and TRICARE Senior Prime *guarantees* them the access to our system of any other TRICARE-eligible retiree. We owe that to them – they earned it!

One of the principle reasons behind our success with TRICARE in Region Nine is our ability to work in a very close association and partnership with our contractors. You’ve seen evidence of this in previous *News at Nine* issues through the words of Peter McLaughlin in his monthly column, *Contractor’s Corner*. In this issue of *News at Nine*, we’ve shared several success stories that have become a reality only because of our ability to “partner” effectively with private industry.

TRICARE Senior Prime itself is a success story of partnership between FHFS, lead agent and Naval Medical Center staff. Meeting stringent HCFA standards is no easy task for any healthcare organization, but ours did so with flying colors.



In addition, we’ve highlighted the region’s Health Care Finder Call Center that provides the infrastructure and expertise for our authorization system. An authorization system is integral to any managed care organization, and the people in our system do a super job under a tremendous workload.

Finally, we’re about to undertake a six-month disease management demonstration program with Strategic Monitoring Services, Inc., incorporating technology and clinical protocols they’ve developed for Chronic Obstructive Pulmonary Disease with those developed in our very own award-winning Pediatric Asthma Tele-Case Management Project.

As we move into 1999, remember that people truly are our most valuable asset in the healthcare business. Whether you are a uniformed, civilian or contract employee, we are all on the same team with a mission to deliver the TRICARE benefit to each of the men, women and families of our armed forces. Let’s maintain the great working partnership and work to improve it every chance we get.



Contractor's Corner

By Peter McLaughlin

This winter season marks the mid-point of our five-year managed care support contract. We've enjoyed many successes during those first two and a half years. Primary among them are improved telephone services, enrollment growth and partnering with our military customers.

Shortly after a contract transition, we were asked to implement TRICARE in El Centro. This implementation presented quite a challenge. How do we provide Prime customer service without an on-site presence? Our staff proposed providing telephone services from our San Diego Regional Office. After some assurances and much joint planning, the Lead Agent gave us the green light. The plan called for beneficiaries to access all required beneficiary and health care finder services via a toll-free 800 line. A health benefits advisor provided on-site beneficiary support. The telephone support idea was unique and met the needs of the El Centro military community.

One of the most difficult customer services challenges faced early on was the task of providing timely customer service to both walk-in customers and those who call our TRICARE Service Centers. With the El Centro telephone service running smoothly, we were able to expand the concept. Working jointly with the lead agent staff and the Managed Care Department at Naval Medical Center San Diego, we consolidated beneficiary services telephone calls in one location for the San Diego catchment area. This change allowed our TSC-based beneficiary service representatives to focus on walk-in customers, which improved service and customer satisfaction on every site. A Regional BSR Call Center was established to service the calls formerly routed to the TSCs. Our call center representatives were able to focus on the caller and unserved, abandoned calls decreased dramatically. The concept proved so successful that the service was expanded from the San Diego area to all of Region Nine.

The success of the BSR Call Center also led to the establishment of the Health Care Finder Call Center for the entire region. Today, both call centers and all TSCs continue to meet or exceed the government's telephone and walk-in customer service standards. Fortunately, the implementation of our call centers could not have been better timed. The call centers have enabled us to keep pace with the increased demand for services from our ever-growing population of Prime enrollees.



Mr. Peter McLaughlin, vice president, Foundation Health Federal Services for Region Nine.

Enrollment growth is critical to a health plan's success, and one of our key measures of beneficiary satisfaction and acceptance of the TRICARE Program. Enrollment growth is certainly one of our Region Nine major success stories. No small part of this incredible growth is attributed to the MTF commanders' efforts and focus to increase Prime enrollment to their facilities. To this

end, our TRICARE marketing manager and staff have established excellent lines of communication with our military partners to develop a beneficiary marketing and education plan tailored to MTF-specific needs. Of significant note, Naval Hospitals Camp Pendleton and Twentynine Palms both tripled enrollment, while Naval Medical Center, San Diego more than doubled. Our initial five-year enrollment projection was exceeded early in the second year of operations! As we approach the 200,000-enrollment milestone, we find the total number of beneficiaries enrolled to all Region Nine MTFs has more than doubled. Two years ago, 56,100 of the 118,500 total enrollees (47 percent) selected the MTF as their primary care manager. Today, over 126,000 of the 184,200 total enrollees (68 percent) are linked to MTF PCMs.

Of all our accomplishments, we are most proud of the strong partnership and excellent working relationship enjoyed with the lead agent and MTF staff. Their vision, dedication and positive attitudes have created the opportunity and environment for the success we have jointly achieved. We are committed to continue supporting this truly outstanding military healthcare team and look forward to the challenges and rewards of 1999.

Senator, Congressman support Medicare subvention

By Lt. Rick Haupt, USN

SAN DIEGO – Two members of Congress spoke out in support of Medicare subvention at a ceremony kicking off TRICARE Senior Prime at the Naval Medical Center here Nov. 5.

Sen. Dianne Feinstein (D-Calif.) and Rep. Bob Filner (D-Calif.) saluted the efforts of retirees and military medical personnel who brought the program to fruition, noting its potential to address the issues of the promise of lifetime health care for military retirees, military readiness, and cost-savings to retirees and taxpayers.

Sen. Feinstein spoke highly of TRICARE Senior Prime and firmly expressed her support for Medicare funding DOD for the care of their age 65 and over retirees.

"It's a real step forward, because one of the pledges that the Congress and the military has made to the people that serve our country, is that forever after, your healthcare will be taken care of by the United States government," Feinstein said. "We need to keep that pledge, and it becomes difficult in a day of diminishing resources. This demonstration project is there to really see if we can really give people continuing coverage with very little, or no copay."

"I'm very pleased to be here, to salute those who began this effort and to pay tribute to those who will carry it out," she said.

Rep. Filner echoed Sen. Feinstein's sentiments and noted the need for good benefits for military members to facilitate recruitment and retention.

"The exclusion of our retired personnel from military healthcare system has undermined the whole long-term interest of this nation," Filner said. "A crucial aspect to military readiness is supplying the incentives for high-quality personnel to continue to serve full military careers. We know that offers of lifetime healthcare benefits are one of the prime incentives that induced many current retirees to serve military careers that often spanned two or three wars. They are properly upset at broken promises, and we are going to remedy that starting today."

"Another consideration is the recruitment and retention of our military medical personnel," he added. "Medi-



Sen. Dianne Feinstein expressed her excitement over Senior Prime to Cmdr. Dan Wasneechak, NC, USN, Region Nine Senior Prime plan administrator.

cal personnel must see and treat a wide variety of patients with a broad spectrum of medical problems. Medicare-eligible retirees provide that clinical experience."

"This is such a common sense idea and so simple, that it's difficult to imagine it took so long to get," said Filner, noting the eleven years that have passed since the idea of Medicare subvention was born. "This is the first step a good first step in our fight to allow military retirees and veterans to use their Medicare benefits at the military and VA hospitals."

"We're going to learn, once and for all, that military hospitals can treat older retirees for less than Medicare pays civilian providers," Filner added. "We know this is the case and we're going to prove that right here."

"I hope this demonstration will be carried on to the VA hospitals in addition to the military hospitals," Filner said. "Medicare subvention and TRICARE Senior Prime is an idea that makes sense for everybody."

TRICARE Senior Prime enrollees will enjoy the benefits of both TRICARE Prime, the military's managed care health plan, and a Medicare HMO.

The subvention demonstration is slated to run through December 31, 2000.

Rear Admiral Diaz's opening remarks

TRICARE Senior Prime Ribbon-cutting Ceremony

Senator Feinstein, Congressman Filner, Dr. Sears, Mr. Woys, Mr. Duenkel active-duty and retired military leaders, family members, ladies and gentleman, thank you for joining us today in this celebration.

TRICARE is the military's healthcare plan. It is a carefully designed, triple-option plan that offers improved access to quality health care while containing costs for both our beneficiaries and the taxpayers through efficient management of resources. It has successfully merged our direct-care system of military treatment facilities with the former Civilian Health and Medical Program for the Uniformed Services, or CHAMPUS, program. TRICARE is most definitely a change for the better, and this fact has been proven right here in southern California.

However, until now, TRICARE has been a plan exclusive to our beneficiaries under age 65. It has not been available to our Medicare-eligible retirees age 65 and older. Federal law established that only those enrolled in TRICARE Prime would have priority access at our military treatment facilities. This meant that beneficiaries not enrolled in TRICARE Prime could only access health care at our military treatment facilities on a "space available" basis.

This created three major problems:

- 1) We were unable to fulfill a long-standing promise by the government of the United States to provide our military retirees lifetime access to health care at our military treatment facilities.
- 2) It degraded the quality of military health care by denying medical specialists a broad population base on which to perform procedures — many of which are crucial in a wartime environment and not otherwise performed on the young, active-duty and typically more-healthy portion of our patient population.
- 3) It incurred a greater cost to the 65 and over military retirees who faced substantial Medicare cost-shares and premiums for supplemental insurance policies. In San Di-

ego, many of our 65 and over retirees have joined civilian Medicare HMOs. Medicare pays the HMO a flat rate per year, over \$5000 per person to manage their health care, while we, the military, provide many of them some or all of their care using DOD funds.

These three factors are in direct conflict with TRICARE's principles of access, quality and cost. Therefore, TRICARE will not be a fully comprehensive and efficient health plan without offering TRICARE Senior

See Opening Remarks, page 9

TRICARE Senior Prime in San Diego A Partnership in Health Care

Naval Medical Center San Diego is one of six sites and the only Navy medical facility participating in the Medicare subvention demonstration. The local TRICARE Senior Prime management team is headed by CAPT John Shore, MSC, USN, as the Chief Operating Officer for the TRICARE Senior Prime Healthcare Plan, and CAPT William M. Roberts, MC, USN, as the Chief Operating Officer for Healthcare Delivery. Representatives from the Office of the Lead Agent, Naval Medical Center San Diego and Foundation Health Federal Services serve on the TRICARE Senior Prime Management Committee.



Foundation Health™
Federal Services, Inc.

Retirees see Medicare subvention key to readiness

“Fathers” of subvention honored at TRICARE Senior Prime ceremony

By Lt. Rick Haupt, USN

SAN DIEGO — Ask retired Army Reserve Lt. Col. George Smith why he’s worked so hard to push the concept of Medicare subvention through Congress and you might expect him to reply, “because I was promised free health care for life.”

While Smith agrees that DOD’s promise of lifetime access to care at military treatment facilities should be upheld, he, along with other retirees and military medical leaders, are quick to point out that Medicare subvention is also needed to help maintain military readiness.

“Military doctors need to care for patients of all age groups, including the older population, to perform procedures that they otherwise wouldn’t be able to perform on the young, otherwise healthy active-duty population,” Smith said. “Many of these procedures are ones the docs need to be good at to succeed in a wartime medical environment. And, a lot of the specialists need to keep up at these procedures in order to maintain their medical credentials.”

Smith, 78, along with fellow retirees Navy Capt. John Howard, 77, Army Reserve Col. Walter Mikulich, 76, and many others have partnered in the push for Medicare subvention since 1987 when they first envisioned the concept. Subvention, by definition, is the transfer of money from one federal government department to another. Current law prohibits transfer of funding from Medicare, run by the Department of Health and Human Services, to the Department of Defense.

The problem which led to their development of the Medicare subvention idea, according to the retired trio, stems from the Defense Guidance of 1980, which directed military treatment facility commanders to give priority access to care to active-duty personnel and their families. It further forced them to “disengage” or refer others to the

CHAMPUS or Medicare programs. This guidance, coupled with the varied and changing policies of hospital commanders to deal with it, continued to frustrate retirees, especially those who depended on the military to meet their healthcare needs.

“I personally know of many folks who went without needed treatment because they couldn’t afford the Medicare cost share and the care wasn’t available at the military hospital,” said Howard, an orthopedic surgeon. “Many widows of retired enlisted men can’t afford a Medicare supplement on their modest pension. Yet, they’ve paid into the Medicare system, and it ought to pay them back when they’re eligible for it.”

Howard thinks TRICARE Senior Prime is an especially good deal for many seniors, especially those on limited budgets who can’t afford the cost shares required by the standard Medicare fee-for-ser-

vice benefit or the premiums for Medicare supplemental policies that cover the cost shares.

“It guarantees them access to quality military healthcare — a system they know and are comfortable with — at little or no cost,” he said.

Currently, Title 10 of the U.S. Code directs military treatment facility commanders to give priority for care to those enrolled in TRICARE Prime. Those who choose not to enroll or who are not eligible to enroll in Prime are treated only on a “space available” basis in military medical facilities. Title 10, coupled with declining funding, continues to force military treatment facility commanders to limit the amount of space-available care provided.

Besides upholding a well-recognized promise to its military retirees and keeping military medicine at tip-top readiness, Smith, Howard and Mikulich insist that



The “fathers” of subvention — San Diego area Army Reserve retirees Walt Mikulich and George Smith along with Navy retiree John Howard — along with many other retirees and their organizations, have pushed for Medicare subvention since 1987.

See *Key to Readiness*, page 8



TRICARE Senior Prime and Medicare Subvention

TRICARE Senior Prime is the culmination of a lengthy effort by many retiree and veterans organizations, the Department of Defense, the Department of Health and Human Services and Congress to implement Medicare subvention. At the very center of TRICARE Senior Prime is DOD's commitment to provide quality health care to its age 65 and over, Medicare-eligible military retirees.

The Balanced Budget Act of 1997 authorized the Secretaries of Defense and Health and Human Services to implement TRICARE Senior Prime as a Medicare subvention demonstration. The goal of this demonstration is to provide accessible, quality health care to age 65 and over, Medicare-eligible military retirees and their family members at military treatment facilities. Under the demonstration, for the first time, DOD will be able to enroll its Medicare-eligible retirees into a managed care program, providing the best benefits of both TRICARE Prime and a Medicare HMO.

TRICARE Region Nine and Naval Medical Center San Diego received certification by the Health Care Financing Administration, a subordinate organization to the Department of Health and Human Services, as a Medicare Risk-HMO on September 30, 1998. Health care for enrollees officially began November 1.

Key to Readiness

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Medicare subvention will save the taxpayers millions of dollars immediately, and billions over the long haul.

"Many retirees get some of the services they need right here at the Navy hospital for free," Smith said. "But because it's only on a space available basis, they sign up for a Medicare HMO as a back-up for the services that they can't get. So, Medicare pays the corporate HMO some \$5000-plus per year to provide care that gets paid for, in part, in some cases in whole, by the Department of Defense — that's double jeopardy on the American taxpayer!"

The concept that Smith, Howard and Mikulich envisioned was for a simple fee-for-service transfer of money from Medicare to the military no different from the transfer of money from Medicare to any non-military hospital or healthcare provider.

"The concept was so simple, so fair, so relevant — it just made too much sense," says an admittedly cynical Mikulich. "However, TRICARE Senior Prime is a good deal for many. But it's just a test."

Not only does Mikulich want a full-blown program, but the long-studied healthcare analyst and medical service corps officer is quick to point out that seniors deserve the same full choice of options that under-65 retirees have. That choice would include TRICARE "Senior" Extra and TRICARE "Senior" Standard options.

Retired Marine Maj. Ed Townsend drafted the first subvention bill with the help of retired Air Force Lt. Col. Duane Robinson (now deceased), Mikulich and Smith, with the full support of the United Veterans Council of San Diego and the Southern California Region of The Retired Officers Association. It was sponsored by Rep. Jim Bates (D-Calif.) in 1990 and included language for both VA and DOD facilities.

No less than 12 subsequent bills, four sponsored by Rep. Randy Cunningham (R-

See Key to Readiness, page 9



“Cutting the cake” – Retired Army Reserve Col. Walt Mikulich and Lt. Col. George Smith, two of the “fathers” of Medicare subvention; with Rear Adm. Diaz; Senator Dianne Feinstein, D-Calif.; Rep. Bob Filner, D-Calif.; and Jim Woys, chief operating officer of FHFS.

Key to Readiness

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Calif.), were written before Congress finally passed an amendment to the 1997 Defense Authorization Bill permitting a Medicare subvention demonstration, now known as TRICARE Senior Prime. A similar subvention demonstration is pending for Veterans Affairs medical facilities.

Naval Medical Center San Diego is one of six sites and the only Navy facility participating in the dem-

onstration.

“Because the idea originated in San Diego, it’s particularly fitting that the Naval Medical Center here is participating in the demonstration,” said Dr. James Sears, executive director of the TRICARE Management Activity in Washington, D.C. “Colonels Mikulich, Smith, Capt. Howard and Maj. Townsend, along with their many compatriots who supported the concept over the years, should be very proud of what they’ve been able to produce for their fellow and future retirees and their families, and military medicine. My hat is off to them.”

“TRICARE Senior, while only a demonstration today, brings our retirees back to military medicine and offers them an excellent, affordable health plan,” added Sears’ boss, Dr. Sue Bailey, assistant secretary of defense for health affairs. “We look forward to the day when TRICARE Senior is available to our retirees across the nation.”

As in TRICARE Prime, a primary care manager will direct enrollees’ care. Most care will be provided within the Naval Medical Center San Diego system. When specialty treatment is unavailable there, enrollees may be referred to the TRICARE civilian network provided by Foundation Health Federal Services, the local TRICARE managed care support contractor.

The subvention demonstration is slated to run through December 31, 2000. The Health Care Financing Administration, the organization that governs all Medicare HMOs, will evaluate the TRICARE Senior Prime demonstration program.

Opening Remarks

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Prime as a Medicare-sponsored option.

When I assumed the role of lead agent, TRICARE Southern California and commanding officer of Naval Medical Center San Diego in August of this year, I knew I faced many challenges. One of them is implementing TRICARE Senior Prime. But the stage has been set for success. I have an outstanding staff, outstanding facilities, and, most importantly, a patient population that is dedicated and supportive of TRICARE,

our military health plan.

My staff — a partnership of military, civilian and managed care support contract personnel — is ready and prepared to deliver TRICARE Senior Prime. We will meet the goals of the program as established by the Department of Defense and the Department of Health and Human Services. It is my sincere hope that our participation as a demonstration site will lead to a full-blown, nationwide TRICARE Senior Prime program.

We are up to the challenge. To our new enrollees, welcome to TRICARE.

Spotlight on the Health Care

Nurses, clerks provide key TRICARE service

By Lt. Rick Haupt, USN

SAN DIEGO –Orbelina Melaney has a pretty smile, but it's her pleasant tone and professionalism that penetrate the impersonal effect of the telephone line to satisfy her customers.

Melaney is a health care finder clerk, assisting TRICARE primary care managers, specialists and beneficiaries in obtaining authorization for specialty, ancillary and preventive health care services in the southern California region. Her job is not an easy one, and it's one that beneficiaries and the TRICARE team here rely on heavily.

The TRICARE team of 22 registered nurses and 12 health care finder clerks work for Foundation Health Federal Services, Inc., TRICARE's managed care support contractor for the region. The team processes an average of 450 faxed requests and 1100 telephone calls per day.

Melaney says the most challenging part of her work is satisfying callers who are anxious and in a hurry, but that experiencing the teamwork it takes to get the job done is also very rewarding.

"Timeliness is very important," she said. "It's very satisfying when I'm able to help someone. We all work together here to make the process work, and I think that's nice."

The health care finder team provides an authorization system that is key to the delivery of health care under a managed care paradigm. An authorization system provides infrastructure to review treatment requests for medical necessity, channel care to the most appropriate provider, supply timely information on the use of resources and project estimates of medical expenditures.

According to Charlene Simpson, a senior health care finder and registered nurse with FHFS, civilian primary care managers generate the majority of specialty referrals. Military PCMs typically refer to military specialists within their military treatment facility.

Only when the specialty care is not available at the MTF does a military PCM use the health care finder service. But, at many of the smaller



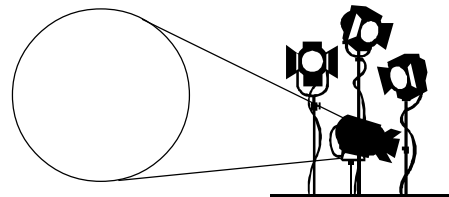
Orbelina Melaney's team of 24 registered nurses and 12 health care finder clerks process an average of 450 faxes and 1100 calls per day.

MTFs with limited specialty care in the region, using the health care finder service is common. TRICARE Service Centers co-located with MTFs have their own health care finders on site who handle the majority of the MTF-generated authorizations.

Urgent authorizations at the Health Care Finder Call Center are handled almost exclusively over the telephone. Routine authorizations are typically handled via fax.

If a PCM requests an urgent authorization, it is often issued on the first phone call if the service is not available at the MTF. However, for any service that is available at the MTF, the PCM then calls the MTF directly to expedite and complete the referral process.

Finder Call Center



The authorization process is, in layman terms, simple. However, the staff's attention to detail and ability to handle a large volume of requests is paramount to its success.

First, a clerk checks if the requested service is a covered benefit under TRICARE. Second, a registered nurse checks to see if the service meets medical criteria, using standards developed by Milliman and Robinson or Interqual, Inc., both industry benchmarks. Third, the request is forwarded to an MTF if the patient is in an MTF catchment area, or, if not, to a civilian specialist within access standards of a 60-minute drive of the beneficiary's residence.

If the service is not available at the MTF within TRICARE access standards, the MTF issues a letter of disengagement, and the health care finder then works with the PCM to find an appropriate civilian specialist.

Clerks, like Melaney, screen incoming calls, providing basic TRICARE information. This could be verifying covered benefits, network providers or status of an authorization request. The clerks forward callers requiring clinical expertise, such as those with medical problems or those requiring urgent action to the registered nurses.

The choice in specialists is most typically left up to the PCM, although some patients may know a particular specialist in the Foundation network by name and choose them, says Simpson. The health care finders can also help find a conveniently located specialist for a beneficiary by querying a database.

Sometimes the beneficiary says their PCM's preferred specialist is just too far away, Simpson said.

"We work to find the provider that is most conveniently located to them," she said. "We're here to help."



Charlene Simpson, a registered nurse and senior health care finder is dedicated to her job. "We work to get [the beneficiary] the provider that is most conveniently located to them - we're here to help."

1-800-242-6788 Options

1. Health Care Finder
(Referrals and authorizations)
2. Claims Processor
(Claims questions)
3. Beneficiary Services Call Center
(Enrollment / fees / benefits)
4. TRICARE Program Information
(Mail-outs of enrollment applications and printed TRICARE program information)

Pediatric asthma project expands to COPD

Joint DOD/SMS agreement provides additional study

By Lt. Rick Haupt, USN

SAN DIEGO — Region Nine's award-winning Pediatric Asthma Tele-Case Management Project was rejuvenated and expanded in January to include Chronic Obstructive Pulmonary Disease and is projected to serve 100 patients afflicted with each disease.

The new demonstration project will extend over a period of six months and uses similar technology and clinical protocols to those used in the original tele-case management project. The Department of Defense (Health Affairs) Clinical Business Office and Strategic Monitoring Systems, Inc. sponsor the new project through a cooperative agreement.

"We were very successful in proving the effectiveness of the pediatric asthma demonstration," said Kris Large, Region Nine project manager. "To that end, DOD chose us to implement this initiative which is more broad in scope and will attempt to more precisely illustrate the benefits and applicability of the technology to clinical protocols."

Under the new program, clinical care team representatives based in California, Florida and Georgia consult with patients via camera, telephone and TV according to a proactive schedule based on the individual patient's severity of illness. Consults also occur on an as-needed basis according to emerging patient needs. A care team consists of a primary care manager, case manager, energy management specialist, psychiatric clinical nurse specialist, logistics specialist, and a data center technical support specialist.

The program combines the concepts of disease management and telemedicine to deliver patient care in the home. Disease management is often described as a systematic form of care that aims to treat groups of patients that have certain chronic conditions for which there are broad variations in treatment.

Asthma is a major, chronic airway disorder that is a serious problem particularly in children where it is sometimes fatal. The major factors contributing to asthma morbidity and mortality are under-diagnosis and under-treatment. Morbidity due to exacerbations and persistent symptoms presents a huge burden to individuals and their communities. For example, in the United States over 10 million school days were lost in 1 year by children with asthma, and the consequent lost productivity of their parents was almost \$1 billion.



The Pediatric Asthma Tele-Case Management Project, managed by Kris Large, won the Five Star Award for Excellence at the 1998 Navy Surgeon General's Conference.

COPD is an extremely common clinical entity that has been shown to have a high associated morbidity and mortality. The chronic obstructive pulmonary diseases, which include emphysema and chronic bronchitis, account for 4% of all deaths. Further, patients with COPD are typically grouped in the top 1% of utilizers of health service.

Although standard medical therapy can alleviate symptoms, many patients with these diseases must cope with the distressing symptom of breathlessness that results from a chronic, irreversible, and disabling disease. These patients may use services in doctors' offices, emergency rooms, hospitals, and intensive care units, in part because of a lack of understanding and inability to cope with frightening and disabling symptoms. The new demonstration project will attempt to improve quality of life of patients afflicted with chronic cases of the disease by properly managing the disease in the patient's home through the telemedicine consults.

"The end goal of our disease management is to mentor a patient who is knowledgeable and empowered to better care for themselves in partnership with their physician," said SMS Clinical Director Loretta Schlachta. "To that end, SMS brings a unique mix of persons, technology and expertise. We are delighted with level of enthusiasm and healthcare professionalism that we have found in our TRICARE Region Nine partners and look forward to making a value added contribution of our own."

The DOD/SMS joint venture is the first of its kind in the Military Health System and may serve as a template for future relationships. Joint ventures with industry partners using a cooperative agreement vehicle are common practice within DOD for development of new pharmaceuticals, immunizations, and other non-medically related technologies and approaches that could benefit both military and private sectors.

SMS, Inc. contributed to this report.



Paul Richardson visited nurse Gail Bedell from the comfort of his own home near Vandenberg AFB. The pediatric asthma project was featured in the summer '98 News at Nine, available on line at www.reg9.med.navy.mil.

Junior healthcare executive recognized

By Lt. Rick Haupt, USN



Lt. Cmdr.(sel) Dave Drozd, MSC, USN poses with his boss Capt. Becky Nulty, NC, USN and the American College of Healthcare Executives' Merit Leadership Award.

CARLSBAD — The local American College of Healthcare Executives honored Navy Lt. Cmdr. (sel) Dave Drozd with the Merit Leadership Award for a Junior ACHE Executive in a ceremony here Nov. 18.

Drozd, the managed care department head at Naval Hospital Camp Pendleton, received the award for noteworthy achievement in healthcare management.

Director for Managed Care Capt. Rebecca Nulty nominated Drozd for the award. "Lieutenant Drozd is quite deserving of the award due to his dynamic leadership, teamwork, and diligence," she wrote, noting his exceptional management of 15 personnel and a \$13 million budget along with many noteworthy accomplishments above and beyond the call of duty.

"I would especially like to thank Captain Nulty and the outstanding individuals within the Managed Care Directorate for all their support and guidance," said Drozd. "Without them, this award would not have been possible. While this is an individual award, I feel it represents the caliber of individuals within the directorate, command and region."

The ACHE Regent's Advisory Council of the San Diego/Palm Springs region selected Drozd for the award. The council consists of other ACHE members representing all areas of health care.

Updating your managed care data tools library

By Lt. Col. Dale Villani, USAF, MSC

There is a wealth of resources at your finger tips to help you manage the care you provide to your beneficiaries. The following is the first in a series of articles summarizing some of the tools at your disposal.

TRICARE Management Activity — Aurora (www.ochampus.mil)

Check out this web site for a wealth of information on TRICARE policy, statistical reports for your catchment area, and provider reimbursement rates. If you do a lot of analysis of civilian expenditures then you should sign up for the TMA Reporting Tools course offered in Aurora, Colorado. It teaches users on the three main CHAMPUS information systems: Care Detail Information System, the CHAMPUS Management Information System, and the CHAMPUS/TRICARE Utilization Reporting and Evaluation System. The CDIS system contains actual claims data and is a good tool for patient and provider profiling including resource sharing providers. Because it deals with privacy act data it requires users to exercise caution in accessing patient records.

In our office we frequently use the CMIS system for tracking health care costs and utilization in catchment areas. Unfortunately the system is not user friendly but it does have CHAMPUS data on catchment areas



and clinics not found in other systems. Finally, the CURES is a user friendly Windows-based system which provides good summary data for ICD-9 and CPT4 level analyses.

Tri-Service Medical Systems Support Center (www.medsite.brooks.af.mil/Home/default.htm)

Look in the TMSSC Index for the ad hocs section. There are multitudes of “ad hoc” reports available to managers who want to better analyze data available in their CHCS system. These ad hocs are developed for each module of CHCS (lab, pharmacy, patient appointing, managed care, etc) and can be easily downloaded for use at most MTFs. We have recently been discussing ad hoc reports that look at appointment waiting times for Prime patients and breakouts of MTF visits by Prime versus non-Prime patients. Your information systems department should be able to help you download and run these reports.

Training Dates

We are planning several training programs in this Region over the next few months to provide our managed care personnel with some additional tools. We will host, sometime in March, a two and one-half day program on the Informal Bid Price Adjustment Desk Top Model and the Resource Sharing Worksheet. This will also cover the extensive data analysis required prior to entering data into these models. Also, pencil in September for the TRICARE Financial Management Education Program here in San Diego. This course will provide in-depth training on enrollment-based capitation and the EBC Planner.

As always if you need any help or specific analysis performed at your facility we stand ready to assist you in any way. Happy analyzing!

RCMAS and RAPS no longer available

Both the Retrospective Case Mix Analysis System and the Resource Analysis and Planning System have been turned off as we migrate our information system into the Corporate Executive Information System. The Managed Care Forecasting and Analysis System is the new tool for population studies. It can be accessed through the CEIS Home Page (www.ceis.ha.osd.mil). Once you receive your password you can download the MCFAS software and start the web-based training program. CEIS training is ongoing. Users must begin with the Quantum/Trendpath training that will be web-based in the near future. Follow-on training teaches users how to make specific queries using Trendstar. Training dates are also published on the CEIS Home Page.

What is managed care?

By Martha DeMers

The answer to this question seems to depend upon whom you ask.

So, who is involved in managed care, and how will they answer? Frankly, we're all involved with managed care, from provider to patient, and we've all got a different perspective. Doctors will give one answer, plan administrators will give another, financial officers define it perhaps a third way and the patient's concept or opinion of managed care is most likely something different altogether.

Perhaps it is the different perspective we all have that leads us to ask – what is being managed – health care, money, or people? The correct answer is “yes.” Managed care is a system that integrates the delivery and the financing of healthcare with the healthcare needs of individuals.

If we skip the “what” questions, and instead ask, “how does managed care work?” there is still no single, uniform answer. There are myriad models of managed care organizations, functioning in very different ways, with a broad spectrum of practices – both clinical and business.

In fact, it is important to keep in mind that managed care *practices* are distinct from managed care *organizations*. Managed care practices, such as the requirement to use network providers, can be implemented by employers as well as by managed healthcare organizations.

Some of the techniques of managed care include the use of gatekeepers, capitation, preauthorization requirements, preferred providers, utilization review, and case management. These techniques are both business practices, designed to keep costs down, and healthcare delivery practices designed to protect patients from unnecessary procedures, assure competency of healthcare providers, ensure access for patients who need services, and provide intervention at the appropriate time by the appropriate provider. Even indemnity insurance programs, often viewed as “traditional” health insurance, employ many of these techniques.

In an effort to reduce costs and improve access for patients who need health care services, many health care systems have instituted mechanisms that enable patients to be more responsible for their own health care. Self-help books, health information databases or telephone assistance, dial-a-nurse programs, and the like are de-

signed to reduce the demands a patient places on the health care providers in the highest demand at the highest cost, making their services available to patients with a higher level of need. These types of mechanisms try to match the appropriate level of care with the needs of the patient.

An additional emphasis of managed care is health maintenance or wellness, including practices such as health risk appraisals, screenings, stress reduction, smoking cessation, weight loss, and mental health counseling. Many of these practices have been adopted by employers as a way of controlling their premiums and also to help ensure a healthy, productive workforce – another integration of the financing and delivery of healthcare.

Thus we can see that managed care is more than a thing. It encompasses us all, it is a way of doing business, a way of providing health care — it is, in fact, a way of life.

Now, aren't you glad you asked?

**Want to know more
about managed care?
Go to the web.**



For a good overview of the practices and principles of managed care, visit the archive files of **WNET**, a Public Broadcasting Station, and read “Your Money and Your Life.” This was a series done on managed care in 1995 and the site contains a very good overview, viewpoints from respected health care professionals, real life stories, and other information (including a glossary of terms, a resource guide and a list of suggested readings). www.wnet.org/archive/mhcl/.

Regardless of your age you can learn about managed care at the **American Association of Retired Persons'** web page. They have a special section designed to teach consumers about the types of managed care organizations, how it differs from traditional insurance, and how to compare different managed care plans – all in very easy to understand language. www.aarp.org/monthly/managedcare/home.html.

To keep up with where managed care is going, visit **Managed Care On-Line**, a membership service for managed care professionals. The site also offers a free membership to portions of their services, including links to other valuable websites, newsletters, and job opportunities. www.mcol.com.

TBASCO, not TABASCO, but it was hot!

Newly reformatted TRICARE course integrated with Region Nine training

By Capt. John Savage, USAF, MSC

SAN DIEGO – The Office of the Lead Agent recently hosted the new TRICARE Basic and Advanced Student Course (TBASCO) here Nov. 17 and 18. Over 45 participants were spared the cold Colorado weather and travel time normally associated with attending the Aurora, Colorado-based course.

Air Force Chief Master Sgt. Deborah Walker provided a broad overview and many significant details of the TRICARE program. She showed her 10-plus years of TRICARE and CHAMPUS teaching experience and kept the class in stitches as she “took a difficult series of topics and made them interesting,” according to one participant. Additionally, highlights of the Department of Defense’s dental programs for active-duty family members, retirees, and selected reservists were explained by representatives of their respective contractors.

On Nov. 19, a variety of specialists from the Office of the Lead Agent brought course attendees up to speed on current issues facing the Region Nine. Topics such as Prime enrollment, geographically separated units,

the Breast Care Initiative, and TRICARE Senior Prime were discussed.

The attendees included treatment facility, network, Veterans Affairs, lead agent and Foundation Health Federal Services personnel. Many gained valuable program information from their classmates as well as their instructors.

“Dr. Sears (executive director of the TRICARE Management Activity) directed us to simplify the Health Benefits Advisor course” into the new TBASCO format, said Chief Master Sgt. Walker. Maj. Kirsten Watkins, senior liaison officer at TMA, reported that the newly relabeled and reformatted course had been conducted only once before with its new curriculum and never before “on the road.”

By attending a locally hosted TBASCO course, attendees were allowed to focus on specific issues facing Region Nine while networking with the personnel who make TRICARE delivery in Region Nine work. The lead agent staff plans to offer TBASCO locally again in 1999.

The best in DOD

By Capt. John Savage, USAF, MSC

LOS ANGELES – Rear Adm. Alberto Diaz recognized 15 of DOD’s best medical clinics at a gathering of medical treatment facility commanders here Oct. 23.

The clinics were rated in the top 10% of all like clinics throughout DOD based on recent customer satisfaction surveys.

The Office of the Assistant Secretary of Defense for Health Affairs compiles data monthly from customer satisfaction surveys to assess beneficiary satisfaction within military treatment facilities and clinics. The lead agent and MTF commanders throughout Region Nine directed the creation of a quarterly award in mid-1998 to recognize their clinics that attain the top 10% rating. This presentation of awards marked the first official recognition for the rating since the award concept was directed.

The patients of the winning clinics were most likely

to state they were “completely satisfied” with either the quality of care they received or their overall clinical experience. In all, the following 15 clinics received 20 awards (those denoted with an asterisk received two awards):

- ◆ 30th Medical Group’s Optometry, Physical Therapy and Podiatry* clinics
- ◆ Camp Pendleton’s General Surgery, Occupational Therapy, and Ophthalmology* Clinics
- ◆ Twentynine Palm’s Medical Examination*, and Pediatric Clinics
- ◆ Naval Medical Center San Diego’s Cardiology, Gastroenterology, Hematology, Internal Medicine, and Nephrology Clinics
- ◆ Port Hueneme’s Pediatric Clinic
- ◆ Weed Army Community Hospital’s Physical Therapy Clinic*

Irwin dedicates care center, debuts "Prime Plus"

By 1st Lt. Jana Pettengill, MSC, USA



NATIONAL TRAINING CENTER, FORT IRWIN — The Weed Army Community Hospital staff proudly dedicated its new Ambulatory Care Center in honor of Dr. Mary E. Walker here on November 23, 1998.

The Ambulatory Care Center supports the majority of Fort Irwin's outpatient services and offers the latest in medical treatment technology.

"We have a wall-mounted computer in each room, an electronic waiting system for the pharmacy and an automated call dialing telephone" said Sgt. 1st Class Charles Parker, non-commissioned officer in charge of managed care here. "It's a very nice facility."

Dr. Walker was a contract surgeon for the Union Army during the Civil War who won new respect for both her gender and profession by demonstrating superlative dedication to soldiers and skilled expertise in safeguarding their health and welfare amid the nation's costliest war.

Walker was known to disguise herself in men's clothing in order to be allowed on the battlefield to treat casualties. She was a surgeon, spy, suffragette and even a prisoner of war, and is the first and only woman to receive the Medal of Honor. Her efforts were truly in keeping with the Army Medical Command's motto, "Caring Beyond the Call of Duty."

"PRIME Plus" debuted

The hospital also recently initiated an innovative, new approach to delivery of TRICARE benefits called "NTC Prime Plus."

The program molds the TRICARE Prime program to the unique demographic environment at Fort Irwin and is aimed at improving patient satisfaction, maximizing Prime enrollment and increasing access to acute appointments.

Prime Plus eliminated the use of a traditional active-duty sick call system and "same day" appointment booking, and implemented a physician telephone triage system that has increased access to care by approximately 50 percent.

Under the program, Prime patients may call in



Dr. Mary E. Walker Center, Fort Irwin

as early as six a.m. to speak to an appointment clerk who then takes the patient's information and sends an electronic telephone consult to their specific primary care manager. The PCM returns the call either that morning or early afternoon and has some options for follow-on care. The physician can book an appointment for later that day, refill a prescription, or even suggest home treatment.

"Patients like the idea of talking directly to their physician," says Capt. Mark Eckman, MSC, USA, chief of Weed's managed care division. "There is also the flexibility to have the patient go to the lab or radiology prior to their appointment for any needed tests. At the actual visit, the physician's time is focused on the physical exam and interpreting test results instead of taking a history."

NTC Prime Plus allows TRICARE Prime beneficiaries to empanel to a particular physician once they have enrolled in Prime to the military treatment facility. Patients can choose a physician during Prime Plus's open enrollment period. Outside of the open-enrollment period, requests for changes are made on a case by case basis.

Another benefit to the Prime Plus program is that patients can request advance appointments. A form is available to request care for certain routine visits such as annual exams and well-child visits. An appointment clerk calls the beneficiary to book the appointment once the schedule for that timeframe opens up but before the schedule is opened for normal appointment booking.

Surveys show satisfaction up with TRICARE

AURORA, CO – The results of government-sponsored surveys of TRICARE beneficiaries have led the Defense Department to conclude that there's growing satisfaction with TRICARE among the people who use the program. TRICARE, which has been implemented over a period of several years, is now in place worldwide. Military sponsors and their families who use the program have been surveyed annually since 1995.

Survey results indicate that all categories of TRICARE-eligible respondents who use both civilian and military medical facilities rate their experiences "good," "very good," or "excellent," more often than not.

The survey results indicate increasing overall satisfaction with TRICARE, with beneficiaries who live in the service areas of uniformed service hospitals reporting overall satisfaction levels of 73 percent in 1997, as opposed to 71 percent in 1995.

Among the beneficiaries listed above, satisfaction with quality of care is up to 63 percent in 1997 from 52 percent in 1995. The same group reports that 57 percent are satisfied with access to healthcare resources, compared to 52 percent in 1995. Satisfaction with access to appointments lagged behind other categories in the survey, but still showed an increase, with 44 percent reporting satisfaction, as opposed to a 30 percent satisfaction rate in 1995.

Persons surveyed who have received outpatient care under TRICARE report being very satisfied overall in the most recent polls (with the outpatient care rating six points on a seven-point scale, on which seven points was

the highest rating and one point was the lowest), which measured overall satisfaction with outpatient care in the first three months of 1998, compared to similar periods in 1997. Quality of outpatient care was judged to be very good, as were interpersonal relationships of patients with health-care providers. Access to care was rated between good and very good in the most recent survey, although it ranked slightly below quality of care and interpersonal relationships in responses to the survey.

Ratings of outpatient care by service branch were very close, with surveyed outpatients from each service expressing themselves as very satisfied overall.

When enrollees in TRICARE Prime were asked whether they would re-enroll in Prime, most said they would. The highest levels of favorable responses to this question were in TRICARE regions that have been in operation since early 1997 or before.

TRICARE offers more healthcare choices than military health care previously did. Families can save money while reducing their paperwork through participation in either of the two new options—TRICARE Prime or TRICARE Extra.

TRICARE offers numerous advantages over civilian health plans, among them the fact that (1) no one is excluded because of a pre-existing medical condition; (2) there is no "cap" on pharmacy or overall health benefits; and (3) the TRICARE benefit is highly "portable"—it goes along with sponsors and their families, wherever they move.

Courtesy of TRICARE Management Activity.

Veterans Affairs Medical Centers serving up TRICARE

The VA Loma Linda Medical Center and VA Long Beach as well as the VA West Los Angeles Healthcare Systems are currently under contract to serve TRICARE beneficiaries in Southern California.

These facilities offer comprehensive, convenient and cost-effective healthcare options for TRICARE-eligible beneficiaries. The VA West Los Angeles Healthcare Center is the largest and most complex facility in the Department of Veterans Affairs healthcare system. All three facilities offer primary, and specialty care with pharmacy services.

"The VA offers our beneficiaries a great alternative to our military treatment facilities or civilian network

providers," said Capt. John Shore, director, TRICARE Region Nine. "They provide exceptionally high quality care and these facilities are conveniently located throughout our region. We hope to beef up our contract in the future to include the network of VA Community-Based Outpatient Clinics."

Specific TRICARE questions at these facilities may be addressed to the customer relations personnel at Loma Linda, (909) 422-3085; Long Beach, (562) 494-5903 and West Los Angeles, (310) 268-3290.



**Department of
Veterans Affairs**

Prevention is cure for costly care

By Douglas J. Gillert
American Forces Press Service



WASHINGTON — If you saw your child playing on a busy street, you probably would tell him it isn't safe to play there. Then, you'd take him by the hand and lead him to safety.

"As I look at some of our life styles, the net effect is the same," said Lt. Gen. Charles Roadman, MC, Air Force Surgeon General. "We know people are virtually playing in the traffic by the things they elect to do." What's needed, he said, is a health-conscious community that adopts healthy life styles geared toward preventing disease and illness.



*Lt. Gen. Charles Roadman,
USAF, MC*

Roadman recently accepted the challenge to change the life styles and practices of military healthcare beneficiaries. As the DOD executive agent for preventive health, he leads a DOD-wide effort that focuses on three areas: smoking cessation and the reductions of alcohol abuse and accidental injuries. Lowering these health risks will save lives in the near term and money in the long term, he said.

In 1996, DOD spent \$1.3 billion on direct and indirect costs for cigarette-related illnesses and \$1.6 billion on alcohol-related illnesses. "Out of that came about \$1 billion in direct healthcare costs," Roadman said. "That's out of a \$15 billion budget."

Roadman is keenly interested in human costs. He recalled his grandfather, who died of lung cancer in his early 60s. "If he had quit smoking, how long would he have lived, and would he have seen his grandchildren?" the general wonders. "When you talk about prevention and wellness, that's not a current money saver," he said. "Down the road, it may be a budget issue, but right now it's a human cost issue. What DOD needs is a health standard that says we want everybody to have as long and high quality a life as possible."

Each of the service departments is championing a segment of the prevention plan. The Air Force oversees

tobacco issues, while the Navy works alcohol issues and the Army tackles preventable injuries. However, multiservice, multiagency teams guide each segment. "We're pulling this together as a tri-service approach," Roadman said. "No one service branch can accomplish this alone."

In June, interservice teams of specialists from medical, safety, personnel and other disciplines began scrubbing a draft plan that "vigorously and aggressively" tackles the three preventive health issues, said Lt. Col. Wayne Talcott, chief of substance abuse prevention for the Air Force. The plan targets the total DOD population — active duty, Guard and Reserve, civilian employees and all health care beneficiaries.

The smoking ces-sation segment reflects how each portion of the plan will work, Talcott said. This part calls for reducing smoking rates five percent per year and cutting smokeless tobacco usage in half to 15 percent by 2001. The plan calls for education and prevention programs; targeted interventions; decreased accessibility and availability of tobacco products on military installations; and research.

"Successful preventive health requires everyone's involvement — from commanders, to physicians to patients. It is a community issue. We need to understand what it is we need to do to take care of each other."

"The focus of the new DOD effort is to achieve and maintain a constantly fit and ready force and [to establish] health communities here and overseas," Roadman said. "Successful preventive health requires everyone's involvement — from commanders, to physicians to patients. It is a community issue. We need to understand what it is we need to do to take care of each other."

Retirees take to the air for Senior Prime

By Lt. Rick Haupt, USN

SAN DIEGO — Guaranteed access to appointments and a primary care manager were the features that motivated Warren and Dorothy Jones to take to the air to enroll in TRICARE Senior Prime at the Naval Medical Center here recently.

The couple was so gung-ho about the Medicare subvention demonstration program that Warren hopped a commercial flight to Sacramento September 14, checked into a motel and arrived at the Rancho Cordova post office at seven a.m. the next day to get a jump on the enrollment process. Applications for the program were being processed at Foundation Health Federal Services' corporate office in Rancho Cordova. September 15 was the first day for enrollment, and the couple didn't want to be left out.

"We heard they were limiting enrollment to 4,000 people, and we wanted to make sure we were in that group," Warren said.

Warren, a retired Navy lieutenant commander, wasn't the only one who traveled a long distance to secure a spot in the program.

"The Navy hospital is far and away the best place to get treatment in San Diego," Warren said. "We like it here."

"When I got to the car rental agency, I ran into another [fellow] who was doing the same thing I was," he said. "In fact, he had already reserved a room at a motel close to the post office. He was kind enough to give me directions to the motel, and we met up at the post office the next morning."

As it turned out, Warren was not only the first retiree in line at the post office, but he and his wife were selected as the program's first enrollees.



Retired Navy Lt. Cmdr. Warren Jones flew to Sacramento, overnights in a motel and turned in applications at seven a.m., September 15, 1998 to assure enrollment in TRICARE Senior Prime for himself and his wife, Dorothy.

"We just wanted to be in the program," Dorothy said.

"We've been getting care here at the Navy hospital for years," said Warren. "But we knew we had a lower priority than the active-duty and retired families enrolled in the [TRICARE] Prime program," referring to the priority for care set by Title 10 of the U.S. Code.

The couple hadn't experienced a problem getting appointments. But, they knew of several friends their age who had difficulties accessing the system due to the decreasing amount of space-available care at the facility.

The couple has experienced many health challenges over the years. Warren had a brain tumor removed in 1963 when he retired from the Navy. Dorothy had back surgery in 1973 and has since suffered a minor stroke. Both have received treatment after being diagnosed with cancer.

The couple has sought care in the past from civilian providers through Warren's health insurance with the County of San Diego, his second employer from which he retired in 1982. They had also been enrolled in a civilian Medicare HMO for a brief period in 1989. But the couple proudly states their preference for military medicine.

"The Navy hospital is far and away the best place to get treatment in San Diego," Warren said. "We like it here."